

PROB 12B  
ED/AR (12/2012)

**United States District Court**

for the

**Eastern District of Arkansas**

**FILED**  
U.S. DISTRICT COURT  
EASTERN DISTRICT ARKANSAS

NOV 19 2015

JAMES M. MORMACK, CLERK  
By: [Signature]  
DEP. CLERK

**Request for Modifying the Conditions or Term of Supervision  
With Consent of the Offender**  
*(Probation Form 49, Waiver of Hearing is Attached)*

Name of Offender: Mary Olszak

Case Number: 4:13CR00344-002 JLH

Name of Sentencing Judicial Officer: Honorable J. Leon Holmes  
United States District Judge

Original Offense: Distribution of Methamphetamine, a Class C felony

Date of Sentence: June 1, 2015

Original Sentence: Time served, 36 months supervised release

Type of  
Supervision: Supervised Release

Date Supervision Commenced: June 1, 2015

Date Supervision Expires: May 31, 2018

U. S. Probation  
Officer: MeKisha D. Childers

Asst. U.S.  
Attorney: Alex Morgan

Defense  
Attorney: To be appointed

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**PETITIONING THE COURT**

- ☐ To extend the term of supervision for \_\_\_\_\_ year(s), for a total term of \_\_\_\_\_ years.  
☒ To modify the conditions of supervision as follows:

**The defendant will participate in a mental health program under the guidance and supervision of the probation office. The defendant will pay for the cost of treatment at the rate of \$10 per session, with the total cost not to exceed \$40 per month, based on ability to pay as determined by the probation office. In the event the defendant is financially unable to pay for the cost of treatment, the co-pay requirement will be waived.**

**CAUSE**

Ms. Olszak has recently struggled with methamphetamine use while under supervision. She provided urine samples that tested and confirmed positive for methamphetamine use on August 18, September 14 and 24, and October 8, 2015. In addition, Ms. Olszak admitted to using methamphetamine prior to each testing date and signed admissions to drug use. As a result, she was referred to in-patient substance abuse treatment, which she recently completed. During talks with the United States Probation Officer, she identified her relationship with her estranged husband to be unhealthy and abusive, and thus a trigger for substance abuse. She expressed interest in attending mental health counseling and agreed that mental health counseling may benefit her recovery efforts.

The Federal Public Defender's Office has been notified of the above request to modify conditions of supervision.

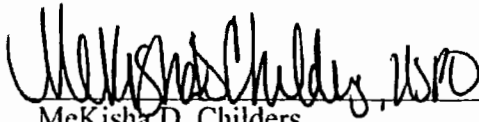
Prob 12B

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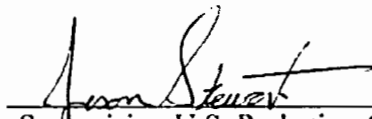
  
\_\_\_\_\_  
McKisha D. Childers  
U.S. Probation Officer

Date: 11/17/2015

  
\_\_\_\_\_  
Alex Morgan  
Assistant U.S. Attorney

Date: 11.17.15

Approved by:

  
\_\_\_\_\_  
Supervising U.S. Probation Officer

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THE COURT ORDERS:

- ☐ No Action  
☐ The Extension of Supervision as Noted Above  
☒ The Modification of Conditions as Noted Above  
☐ Other

  
\_\_\_\_\_  
Signature of Judicial Officer

November 19, 2015  
\_\_\_\_\_  
Date

This form is to be filed with Criminal Docketing as an order and/or petition.

c: Federal Public Defender, Jenniffer Iloran  
Assistant U.S. Attorney, Alex Morgan

PR 03-49  
(189)

## United States District Court

### Eastern District of Arkansas

#### Waiver of Hearing to Modify Conditions of Probation/Supervised Release or Extend Term of Supervision

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel," I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the Court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Probation and Supervised Release or to the proposed extension of my term of supervision:

The defendant will participate in a mental health program under the guidance and supervision of the probation office. The defendant will pay for the cost of treatment at the rate of \$10 per session, with the total cost not to exceed \$40 per month, based on ability to pay as determined by the probation office. In the event the defendant is financially unable to pay for the cost of treatment, the co-pay requirement will be waived.

Witness

Wesley Childers  
(U.S. Probation Officer)

Signed

Myra C. Sisk  
(Probationer or Supervised Releasee)

10/08/2015  
(Date)

Miss G 11/9/15